

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Professionalism in different Cultural Context

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Objectives

After the session, students should be able to:

- Comment on the global perspective of culture
- Define Culture, cultural competence and related terms
- Enumerate the health needs of the Kingdom of Saudi Arabia
- Discuss the Hofstede's Cultural Context model
- Discuss the significance of cultural competence in healthcare
- Highlight the issues arising from the lack of cultural competence in medical students / healthcare providers
- Discuss related cases

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1. Global perspective of healthcare and cultural competence
2. Define cultural competence and related terms
3. Impact of cultural competence on clinical outcomes
4. KSA healthcare facts and needs
5. Hofstede Cultural Context Model
6. What should a novice doctor keep in mind
7. Why the clashes between young doctors and people
8. Take home messages

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Shrink the Earth's Population to 100

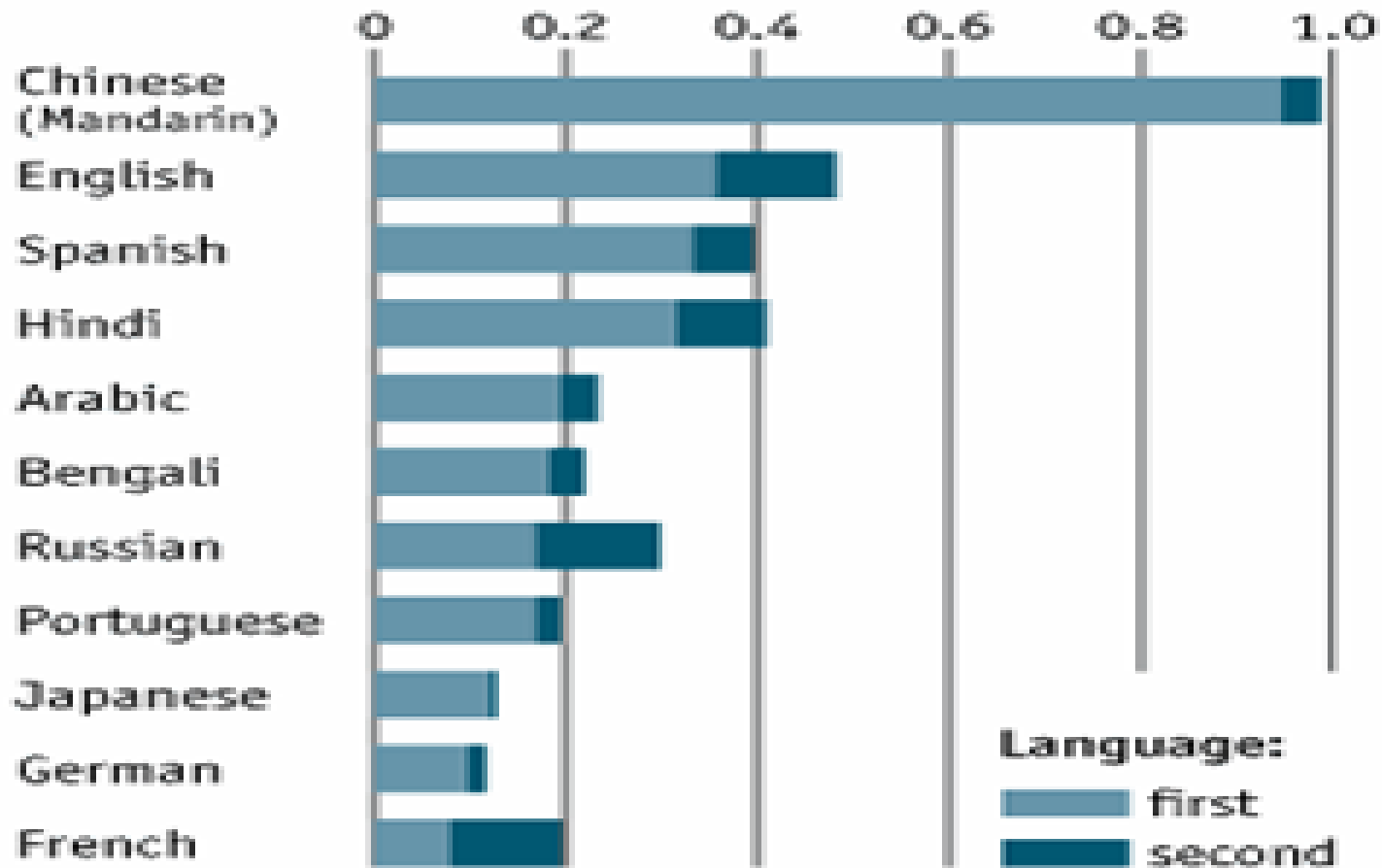


- **57 Asians**
- 21 Europeans
- 14 North, Central and South Americans
- 8 Africans
- 70 would be non-white, 30 white
- 70 would be non-Christian, 30 Christian

Languages of the World

First eleven

Number of speakers*, bn



Source: UNESCO

*Mid-point of range of estimates

Need for Cultural Competence

- American nurses experienced a lack of cultural confidence in caring for culturally diverse populations - *Coffman, Shellman, & Bernal (2004) and Hagman (2006)*
- There were gaps in healthcare providers' knowledge of other cultures and how to care for them in culturally sensitive ways - *Jones, Cason, and Bond (2004)*

Culture Bound Syndromes

Group	Disorder	Explanation
Caucasian	Anorexia	Preoccupied body wt. & image
	Nervosa Bulimia	Binge eating followed by vomiting
African American	Low blood	Insufficient blood or weakness of blood
	High blood	Blood that is too rich
	Thin blood	Susceptibility to illness

Culture Bound Syndromes

Cont.

Group	Disorder	Explanation
Chinese/ Southeast Asian	Amok	Acute reaction to loss,

Culture Bound Syndromes Cont.

Group	Disorder	Explanation
Hispanic	Empacho	Food clings stomach & intestines: pain
	Mal ojo “evil eye”	Stranger’s attention causes illness in children
	Susto	Anxiety, phobias

Culture Bound Syndromes Cont.

Group	Disorder	Explanation
Native American	Ghost	Hallucinations, terror
Japanese	Wagamama	Childish behavior
Korean	Hwa-Byung	Multiple somatic & psychological symptoms
Cambodian	Koucharang “thinking too much”	Headaches, chest pain, palpitations, SOB, insomnia

Aday's 2010 Priorities Showcase – Needs within vulnerable population

- High-risk mothers & infants-of-concern
- Chronically ill & disabled
- Persons living with HIV/AIDS
- Mentally ill & disabled
- Alcohol & other substance abuses
- Suicide- or homicide-prone behavior
- Abusive families
- Homeless persons,
- Immigrants/refugees

Aday, L. (2001). *At risk in America*. San Francisco, CA: Jossey-Bass

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Culture?

- Culture is defined as "the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group."

Cross TL, Bazron BJ, Dennis KW, Isaacs MR. Towards a Culturally Competent System of Care: Volume I. CASSP Technical Assistance Center, Georgetown University Child Development Center. Washington, DC; 1989.

What is Culture?

What does culture mean to you?

- **Dynamic:**
Created through interactions with the world
- **Shared:**
Individuals agree on the way they name and understand reality
- **Symbolic:**
Often identified through symbols such as language, dress, music and behaviours
- **Learned:**
Passed on through generations, changing in response to experiences and environment
- **Integrated:**
Span all aspects of an individual's life

(Nova Scotia Department of Health, 2005)

Iceberg Concept of Culture



Like an iceberg, nine-tenths of culture is out of conscious awareness. This “hidden” part of culture has been termed “deep culture”.



Iceberg Concept of Culture

Festivals Clothing Music Food Literature Language Rituals



Beliefs Values Unconscious Rules Assumptions Definition of Sin

Patterns of Superior-Subordinate Relations Ethics Leadership

Conceptions of Justice Ordering of Time Nature of Friendship Fairness

Competition vs Co-operation Notions of Family Decision-Making

Space Ways of Handling Emotion Money Group vs Individual

What are the visible and non-visible aspects of culture?

Christopher

I suppose something that would not be perceived immediately would be my having cancer. I don't have it anymore, I've been treated for it, but nonetheless, my experience with it has a large say in who I am. I am a humble person and I don't feel as if I love to share everything with everyone, just like my experience with cancer, though I suppose now I am telling everyone who reads this about my experience....I come off frequently as either being very formal and polite or as being coldhearted. The real me, however, is very emotional and understanding. When I got chemotherapy I saw children not even five years old with more severe cases of cancer or intestinal problems and I felt . . . I knew something was wrong with this, with young, innocent children being sick in the way they were, and I wished I could take their pain and suffering from them. From then on, I look at people with a different outlook, and I see how ignorant many people are from events like that, and it lifts me to a new level of understanding.

What are the visible and non-visible aspects of culture?

Omar

I know that I shouldn't but sometimes I wonder how other people look at me. What do they see first? My brown-ness, my beard, my cap, my clothes, the color of my eyes, the design of my T-shirt? I think that people see my skin color first. They probably see me as a brown guy. Then, they might see my black beard and my white *kufi* (prayer cap) and figure out I am Muslim. They see my most earthly qualities first. Brown, that's the very color of the earth, the mud from which God created us. Sometimes I wonder what color my soul is. I hope that it's the color of heaven.

Cultural Competence

- Cultural competency is **“a set of academic and personal skills that allow us to increase our understanding and appreciation of cultural differences ...”**

Archbold M. Medicine spoken here. King County Journal Newspapers: South County Journal. November 1996: A1, A5ween groups."

Significance of Cultural Competence

- Culture is a predominant force in shaping behavior, values and institutions.
- Not only do cultural differences exist, but they also impact health care delivery.
- Culturally competent providers appreciate family ties and realize that they are defined differently for each culture.
- Rather than being insulted by another culture's perspective, culturally competent providers welcome collaboration and cooperation.

Guidelines to help assess cultural competence in program design, application and management.
Bethesda, MD: Bureau of Primary Health Care, Health Resources & Services Administration; 1996.
US Dept of Health and Human Services.

Definitions

- **Cultural group:** The integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group.
- **Ethnic:** Belonging to a common group; often linked by race, nationality and language with a common cultural heritage and/or derivation.
- **Minority Group:** Globally, non-Caucasians constitute a majority, thus the term is used to refer to a variety of groups who have been disadvantaged in one way or another.
- **Acculturation:** The process of adapting to another culture; to acquire the majority group's culture.
- **Race:** A socially defined population that is derived from distinguishable physical characteristics that are genetically transmitted.
- **Stereotype:** The notion that all people from a given group are the same.

Culture is not limited to Race (color) and ethnicity!

- gender/age
 - religion/spirituality
 - socioeconomic class
 - education
 - sexual orientation (GLBT)
 - Environmental factors
 - differing abilities/disabilities
-
- Culture is a **shared** set of belief systems, values, practices and assumptions which determine how we **interpret** and **interact** with the world

Cultural Competence is a Journey, Not a Destination.

- Cultural competence in an individual involves **attitude, knowledge and behaviors.**
- Cultural competence does not mean endorsing another's beliefs, but simply making room in your world for that person to hold their beliefs.
- **Cultural Competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.**

[1] HHS Office of Minority Health Culturally and Linguistically Appropriate Services Standards, at www.omhrc.gov/assets/pdf/checked/executive.pdf

Rationale for Culturally and Linguistically Appropriate Services

- Respond to the demographic changes
- Improve quality of services and patient outcomes
- Increase market share
- Increase patient satisfaction
- Eliminate health/health care disparities
- Meet legislative, regulatory, accreditation requirements and standards
 - Title VI Office of Civil Rights (ORC), CLAS Standards, JCAHO **standard RI.2.10 & HR.2.10**, NCQA)
 - State laws (26 states and increasing)
- Decrease liability/Risk management
- Cost savings in the long run

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Impact of Cultural Competency

- More successful patient education
- Increases in pt's health care seeking behavior
- More appropriate testing and screening
- Fewer diagnostic errors.
- Avoidance of drug complications
- Greater adherence to medical advice
- Expanded choices and access to high-quality clinicians

Cultural Competence & impact on clinical outcomes

- Patients fear of being misunderstood or disrespected;
- Providers are not familiar with the prevalence of conditions among certain minority groups
- Providers may fail to take into account differing responses to medication
- Providers may lack knowledge about traditional remedies, leading to harmful drug interactions
- Patients may not adhere to medical advice because they do not understand or do not trust the provider;
- Providers may order more or fewer diagnostic tests for patients of different cultural backgrounds

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Kingdom of Saudi Arabia



- The country has witnessed a massive improvement in socioeconomic development
- in the past 30 years, with startling progress having been made in health, education, housing and the environment.



Population of KSA

- Saudi Arabia has a population of **22.6 million**, of which about **6 million are expatriate** (Table 1)
- The population is overwhelmingly young (Figure 1), with **45.7% female** and
- **54.3% male** due to the high number of male expatriates working in the country.

Population of KSA

(Country cooperation strategy for WHO and Saudi Arabia)

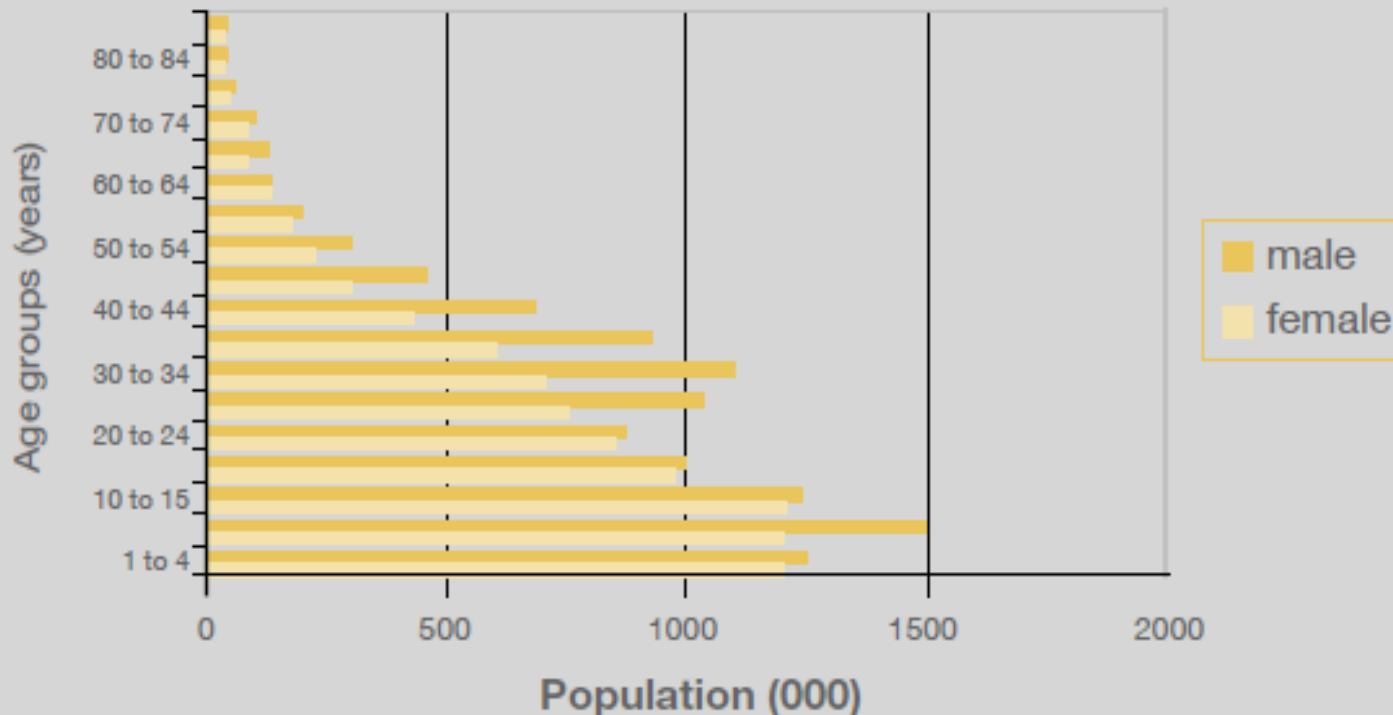


Figure 1. Population pyramid, Saudi Arabia 2002

Saudi Arabia has a population of 22.6 million, of which about 6 million are expatriate (Table 1).¹ The population is overwhelmingly young (Figure 1), with 45.7% female and 54.3% male due to the high number of male expatriates working in the country.

. Official 2010 census figures stated that there were **8,429,401** expatriates out of a total population of **27,136,977** or roughly **31 per cent** of the total.

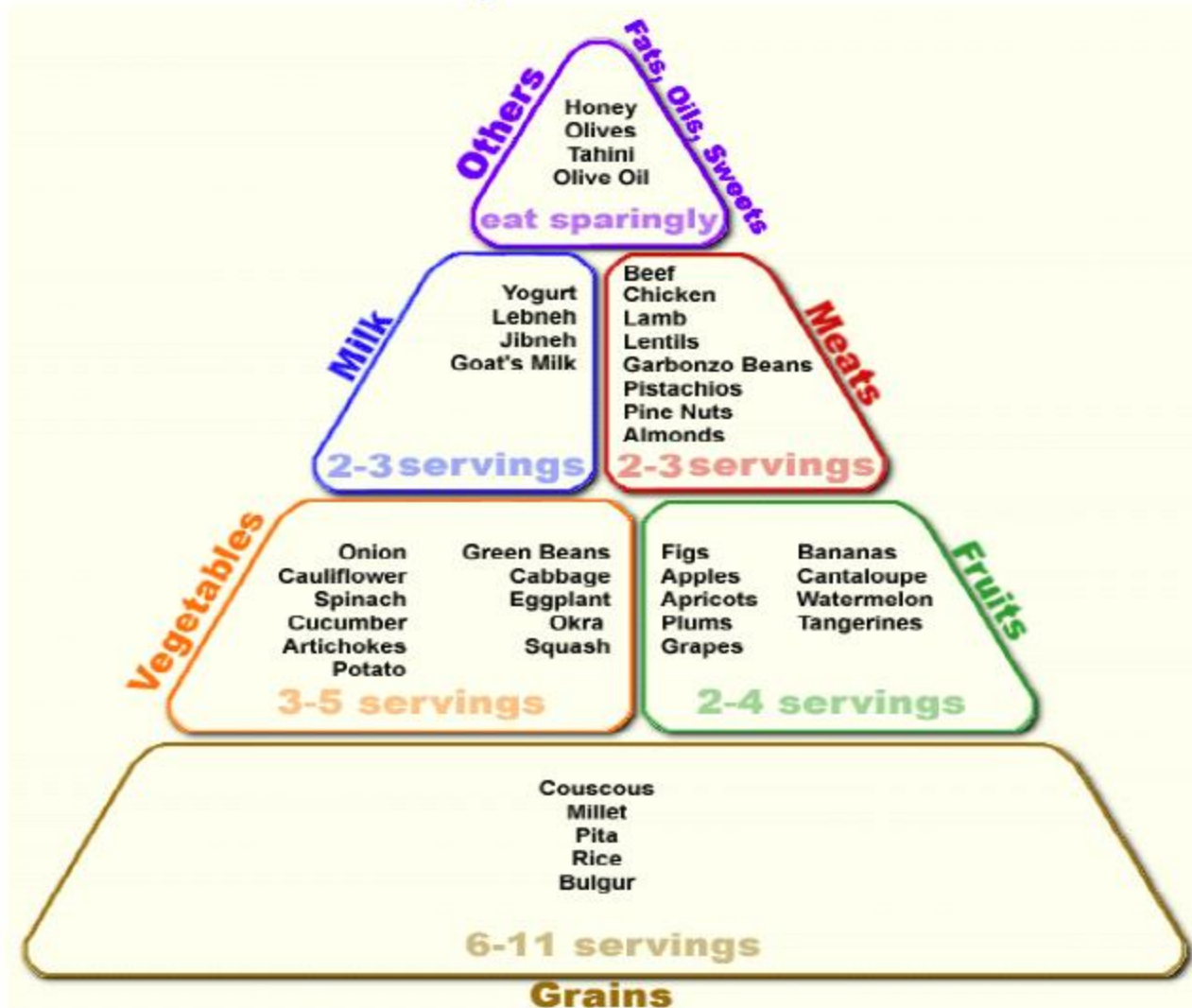
. In 2007, the United Nations broke down the country's foreign population as follows:

- Indian: 1.3 million
- Pakistani: 900,000
- Egyptian: 900,000
- Yemeni: 800,000
- Bangladeshi: 500,000
- Filipino: 500,000
- Jordanian/Palestinian: 260,000
- Indonesian: 250,000
- SriLankan: 350,000
- Sudanese: 250,000
- Syrian: 100,000
- Turkish: 100,000.
- In 2007 there were around 100,000 Westerners in Saudi Arabia.

[^] ["Arab versus Asian migrant workers in the GCC countries"](#) (PDF). p. 10. Retrieved 1 May 2010.

[^] [Jump up to:](#) ^a ^b ^c Bowen, Wayne H. (2007). *The History of Saudi Arabia*. p. 6. [ISBN 978-0313340123](#)
http://en.wikipedia.org/wiki/Foreign_workers_in_Saudi_Arabia

Arabic Food Pyramid



Death Statistics

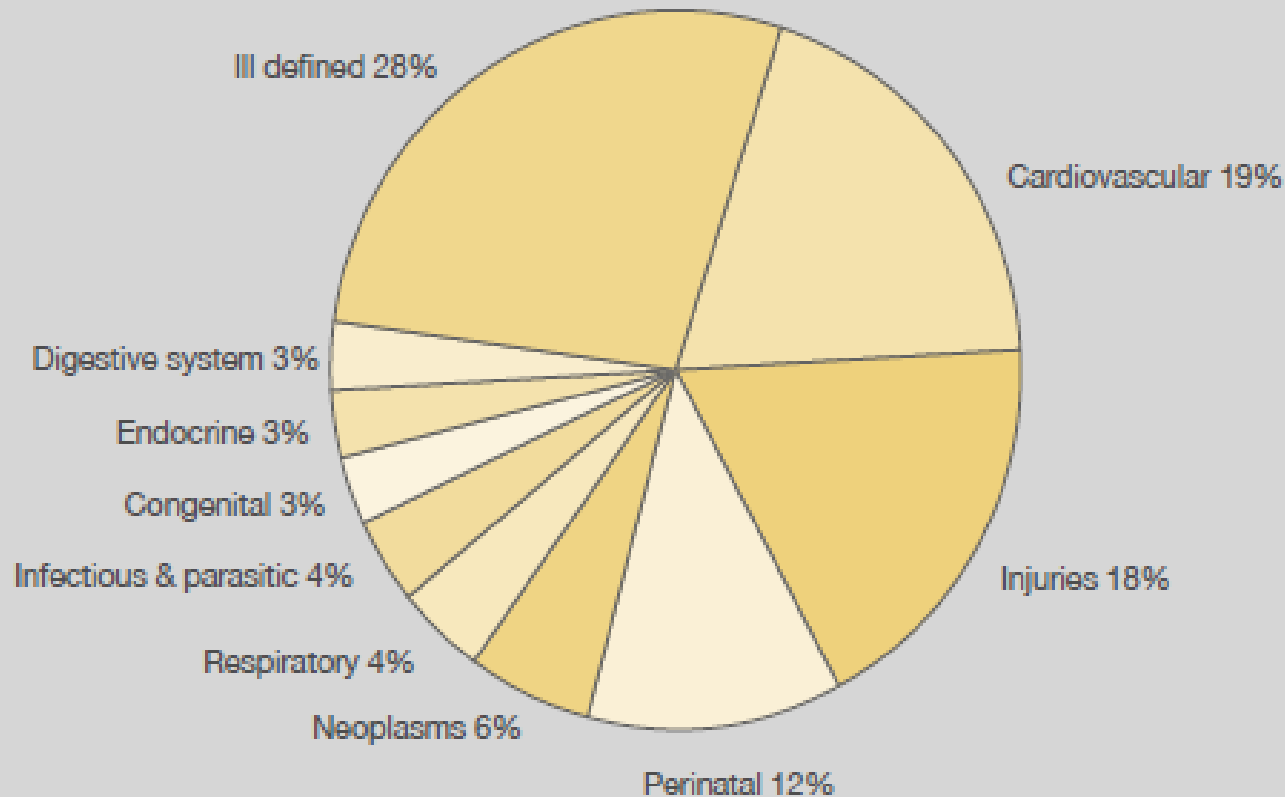


Figure 3. Deaths in Ministry of Health hospitals, 2002

Source: Ministry of Health, Saudi Arabia, 2002

Table 5. Communicable disease incidence rates 1993–2003

Disease	Incidence per 100 000 population	
	1993	2003
Diphtheria	0.05	0.04
Pertussis	0.2	0.2
Tetanus (per 1000 live births)	0.2	0.04
Poliomyelitis	0.01	0.00
Measles	82.2	1.45
Malaria	108.6	56.0
Tuberculosis	14.7	10.2
Hepatitis B	17.0	11.4

Source: Ministry of Health, Saudi Arabia, 2003.

Table 7. Trends in noncommunicable diseases (inpatients)

Disease	1994	2002
Hypertension	644 353	1 055 583
Renal failure	4 884	7 719
Diabetes mellitus	1 019 652	1 596 927
Road traffic injuries	504	28 372

Source: Hospital admissions records.

Most common diseases

- ❖ Genetic diseases are a priority, given the high level of genetic blood disorders in the country. All couples are now screened for thalassaemia and sickle cell disease through 120 centres established by the Ministry of Health, and those who are positive are provided with counselling and advice regarding marriage; a follow

Challenges

- **Language and communication**
 - Language barriers require use of medical interpreters
 - **Value conflict**
 - **Lack of familiarity with the provider culture**
 - **Issues related to spiritual practices**
 - Strong belief in God or Allah- "*In sha Allah*"
 - Cancer fatalism
 - Communicating good and bad news
 - Via oldest son or family if case is terminal
 - Respect
 - Honor and Shame
 - Present orientation
 - **Stereotyping and discrimination**
 - View culture as a problem.
 - Believe that if culture can be suppressed or destroyed, they would be better off
 - Believe that people should be more like the "mainstream"
 - Assume that one culture is superior and should eradicate
-

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Hofstede High and Low Cultural Contexts

HIGH Context Culture



Chinese
Korean
Japanese
Vietnamese
Arab
Greek
Spanish
Italian
English
North American
Scandinavian
Swiss
Germany

LOW Context Culture

	Low-Context	High-Context
Example Countries	US, UK, Canada, Germany, Denmark, Norway	Japan, China, Egypt, Saudi Arabia, France, Italy, Spain
Business Outlook	Competitive	Cooperative
Work Ethic	Task-oriented	Relationship-oriented
Work Style	Individualistic	Team-oriented
Employee Desires	Individual achievement	Team achievement
Relationships	Many, looser, short-term	Fewer, tighter, long-term
Decision Process	Logical, linear, rule-oriented	Intuitive, relational
Communication	Verbal over Non-verbal	Non-verbal over Verbal
Planning Horizons	More explicit, written, formal	More implicit, oral, informal
Sense of Time	Present/Future-oriented	Deep respect for the past
View of Change	Change over tradition	Tradition over change
Knowledge	Explicit, conscious	Implicit, not fully conscious

Belief and Value Systems

Western Values

Individualistic

Independence, Self-reliance

Autonomous decision-making

Truth-telling

Possessions

Technology

Reason & logic

Doing & active

Mastery over nature

“Master of my fate”

Future orientation

“Clock time” & punctuality

Equality

Youth & physical beauty

Arab Culture Values

Collectivist

Interdependence of family

Family decision-making

Hope-maintaining

Relationships

Tradition

Meditation & intuition

Being & receptive

Harmony with nature

“Fate is my master”

Present or past orientation

“People time” - time is flexible

Hierarchy

Age & wisdom

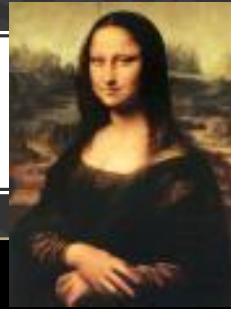
Personal/Social Consideration

- **Extended families**
 - Rely on family/friends, ensures harmonious society
 - Language (family traditionally served as interpreters)
- **Subcultures within cultures** (not everyone adheres to cultural norms and practices)
- **Gender to Gender care**
- **Culture vs. Faith**
- **Hospitality is a way of life**
 - Their home is your home
 - Very open, friendly and inviting
- **Time; Expectations and punctuality** View time as “our servant, not our master”
- **Taboo Topics**
 - Depression/Posttraumatic Stress Disorder

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Human Face



Face – Organ of Emotion

Face – Offers Powerful Clues

Face – Reveals Important Truths

Face – Provides Clues to Feelings

Face – Shows Age, Humor, Likes, Dislikes

**Face – Shows Attention or Lack of Attention
With Eye Contact**

Face – Most Important Human Art Object

TEARS

Sadness/Grief
Happiness/Joy
Fear/Anxiety
Embarrassment/Surprise
Anger/Frustration
Nervousness
Laughter
Loneliness
Winning/Losing
Pain
Shame



Arab Greeting family/friends

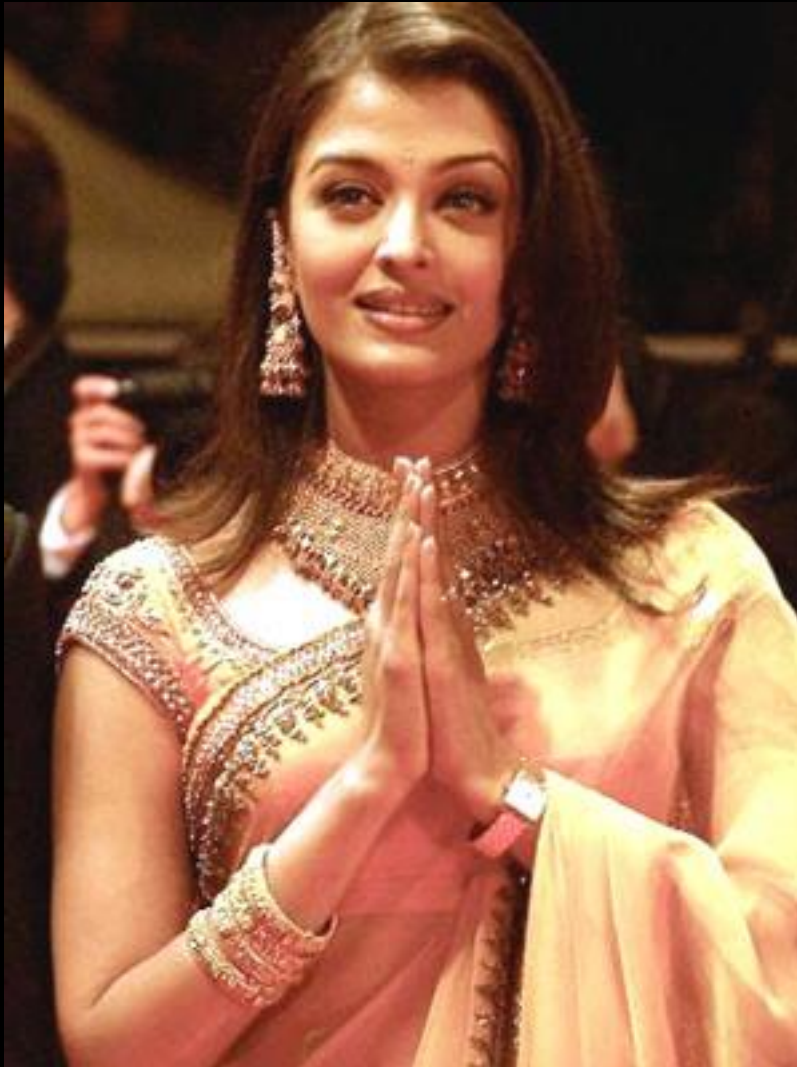


Ethiopian Greeting



4 kisses – 2 on each cheek

Indian Greeting



“We fold our hands and say Namaste which means hello in Hindi.”
–Sabhah Sharma

Lebanese Greeting



“As tradition, whenever a person wants to say hi to another, they give each other 3 kisses on the cheeks instead of 2 like some European countries. This is mostly for adults between each other or a younger person and an adult. As with a more familiar person, it's only one kiss.”

Egypt & Germany



“Egypt hugging/
kissing on the cheek.
In Germany some are
also doing that...”

Korea

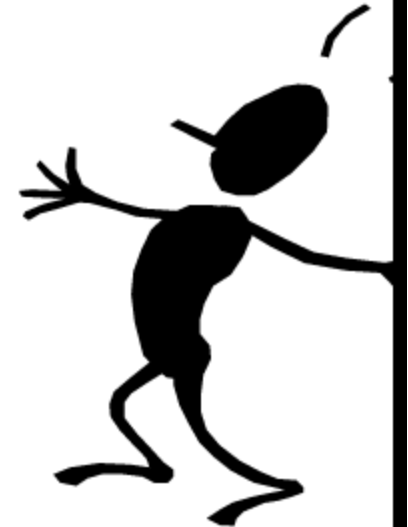


Opposite
gender
must
avoid
touching

Remember

- Be respectful
- Non-judgmental
- Ask how YOU can make THEIR experience more comfortable and congruent with their culture and religion
- Just because a person identifies as a member of an ethnic, religious or demographic community DOES NOT mean they value the entire cultural perspective. ASK
- **APOLOGIZE** for cultural mistakes

“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.” Martin Luther King, Jr.



Preserving Modesty

- Modesty is one of the core values which is expressed by both genders.
- This is by far one of the most important concepts to keep in mind, especially on an OB floor and during radiation or surgery
- **Some** Muslim women will only reveal their face and hands
- **Some** Muslims do not shake hands or hug with members of the opposite sex
- Implications for hospital stay
 - knock on the door, announce your arrival
 - Same gender providers

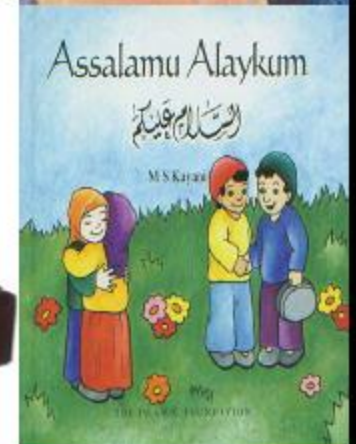


Death & Dying

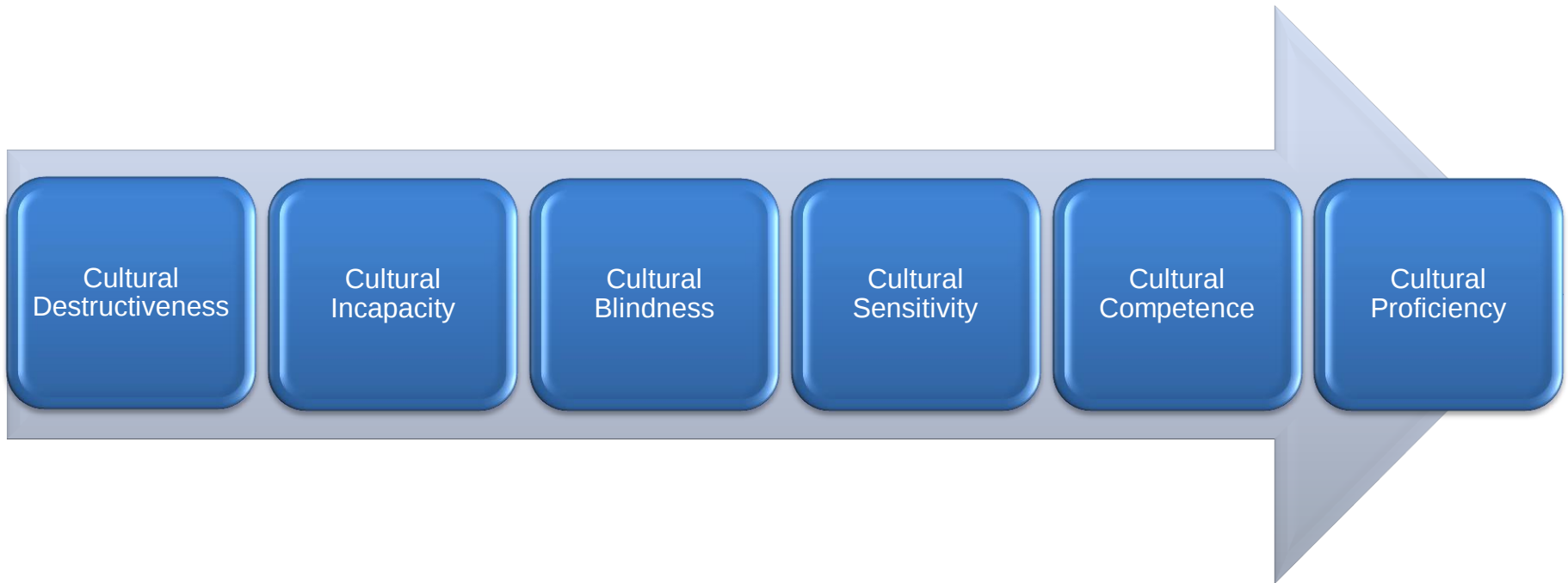
- When a Muslim is near death, those around him or her are called upon to give comfort, and remind him of God's mercy and forgiveness.
- They may recite verses from the Qur'an, give physical comfort, and encourage the dying one to recite words of remembrance and prayer.
- Face bed to the North East direction
- Suicide, euthanasia, and the denial of nutrition or hydration are prohibited.
- The basis of the Islamic faith is the total submission of the self to the will of Allah. Only Allah (God) can decide when someone is to die, and medical support must be given for as long as possible.
- Mercy killing is also forbidden in Islamic Law. Visit <http://www.Islamset.com.ethics>
- Autopsies are not usually performed unless required by law.
- Burial takes place as soon as possible after death, to avoid the need for embalming or disturbing the body of the deceased.
- The belief in life after death not only guarantees success in the Hereafter, but also makes this world full of peace and happiness.

Cultural/Religious Traditions

- Greeting
- Touch
- Dignity and Honor
 - Everything one does reflects on family honor of past, present, and future generations
 - Reputation is critical
- Personal space
- Eye contact
- Respect (elderly)
- Implications for nursing homes & elder care



Cultural Competence Continuum



Cultural competence builds on the concepts of cultural sensitivity and cultural awareness and refers to the ability of healthcare providers to apply knowledge and skill appropriately in interactions with clients (Srivastava, 2007)

Mason et al.'s Cultural Competence Model (1996)

Cultural Destructiveness	Refusal to acknowledge the presence or importance of cultural differences; Differences are punished and suppressed; Schools endorse the myth of universality.
Cultural Incapacity	The individual or organization chooses to ignore cultural differences; No attention is devoted to supporting cultural differences; Emphasis may be on the cognitive growth and maturity of youngsters versus addressing the issues of cultural awareness.
Cultural Blindness	Individuals and organizations believe that cultural differences are of little importance; People are viewed through a western cultural mainstream lens; Messages are communicated to students that their culture is of little consequence to the learning experience.
Cultural Pre-Competence	The individual or organization recognizes and responds to cultural differences; There is an open acknowledgement of the need for cultural competence; Educators may seek out new information regarding diversity by attending training sessions or interacting with those individuals who have insider cultural information.
Cultural Competence	The individual and organization value and appreciate cultural differences; Exploration of issues related to equity, cultural history, knowledge, and social justice; Students' cultural experiences are valued and integrated into the learning process.

Professionalism in Different Cultural Contexts

- **L**isten with sympathy and understanding to the patient's perception of the problem
- **E**xplain your perceptions of the problem
- **A**cknowledge and discuss the differences and similarities
- **R**ecommend treatment
- **N**egotiate agreement

Professionalism in Different Cultural Contexts

- **P**artnership: Working with the patient to accomplish a shared outcome
- **E**mpathy: Recognizing and comprehending another's feelings or experience
- **A**pology: Being willing to acknowledge or express regret for contributing to a patient's discomfort, distress, or ill feelings
- **R**espect: Non-judgmental acceptance of each patient as a unique individual; treating others as you would have them treat you.
- **L**egitimization: Accepting patient's feelings or reactions regardless of whether or not you agree with those perceptions.
- **S**upport: Expressing willingness to care and be helpful to the patient however you can.

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Why are there cultural clashes?

- Physicians-in-training are part of a **cultural group** that has its own beliefs, practices, customs and rituals.
- These include **definitions of health and illness; the superiority of technology; annual exams; compliance; procedure; and systematic approaches.**

Why are there cultural clashes?

- Medical students engage in customs of professionalism and courtesy and have **rituals like the physical exam, visiting hours and surgical procedures.**
- Medical school teaches students **scientific rationality** and an emphasis on **objectivity.**
- Medical students value **numeric measurement and physicochemical data** and tend to separate the mind and body.

Why are there cultural clashes?



- Medical students **reduce patients to individual diseases** and **body parts** without seeing the patient as a part of a family or community.
- In this way, physicians in training represent an **ethnocentric culture**--one that values its own culture above others. This inevitably leads to conflicts with the patient's culture.



Recap

Recap

- Defining and understanding Culture and Culture Competence
- Relating Cultural competence to healthcare system
- Implications for medical Student

Case Study

A new employee starts on your medical unit. She is an experienced professional with an advanced degree and credentials obtained internationally. Her first day on the unit, she is oriented by staff on the ward. She comes to work prepared and asks many questions about protocols and procedures. She speaks freely about differences in care provided “back home”.

At the end of her first week, you overhear colleagues questioning the new hire’s credentials, and joking around about the poor quality of education in her country and “ramshackle” hospitals. They have said that they doubt she will succeed at her employment in Canada, and would prefer not to work with her. You wonder if you should intervene.

Questions:

1. What do you think is occurring in this situation?
2. How do you think this situation may have been understood by the new employee?
3. How might this differ from your experience of this situation?
4. How might you elicit information from the staff about their views of this situation?
5. Identify two actions that would demonstrate a respect and valuing of the staff’s culture and expectations.
6. What strategies might enhance the cultural competency of the interactions in this and similar situations?

Case Study

A family has recently immigrated to Canada from Lebanon who happen to have a son with physical disabilities. When you meet the family in clinic, all are disheartened about their experience with the health care system and adaptation to Canadian life in general. They were unable to afford housing near the hospital or near resources and services that would be helpful to their son. They have also found some of the costs of their son's care surprising. He has trouble navigating the small apartment with his wheelchair. The homecare physiotherapist who has begun weekly visits was disrespectful, from their point of view. They are skeptical of the quality of care they are receiving. They seem reluctant to book new appointments and accept instructions on how to proceed with their son's care.

Questions:

- 1. What do you think is occurring in this situation?**
- 2. How do you think this situation may have been understood by this family?**
- 3. How might you elicit information from family members about their view of this situation?**
- 4. Identify two actions that would demonstrate a respect and valuing of the child/family's culture and expectations.**
- 5. What strategies might enhance the cultural competency of the care being provided in this and similar situations?**

Questions

1. Define culture a, cultural competence and other related terms.
2. How does cultural competence impact the healthcare system
3. How should a medical student sensitize herself with cultural competence

Respecting Religious Diversity



- **Have you ever had a healthcare experience in which cultural or religious differences led to difficulties?**

Transference

- **Transference** occurs when the physicians or patients transfer past emotions, beliefs or experiences to the present situation.
- The feelings can be positive or negative **Counter-transference**, but are ALWAYS a distortion of reality.
- Transference is an unconscious process. When transference occurs around **cultural issues**, it becomes a serious barrier that keeps the patient from being receptive to medical advice and treatment.

It is up to us as Culturally Competent Providers to maintain and convey unconditional positive regard for our patients

Glossary

Equal: to treat the same.

Equitable: the same *opportunity for positive outcomes*.

Disparities: differences in *outcomes*.

Equitable Access: ability or right to approach, enter, exit, communicate with or make use of health services.

Social Inequities in Health: disparities judged to be unfair, unjust and avoidable that systemically burden certain populations.

Marginalized: Confined to an outer limit, or edge (the margins), based on identity, association, experience or environment.

Racialized Groups: Racial categories produced by dominant groups in ways that entrench social inequalities and marginalization. The term is replacing the former term known as “visible minorities”.

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Thank you